

**Immunization Practices
Advisory Committee (IPAC)**
REPORT TO SAGE
April 2017

Chris Morgan, IPAC Chair

Highlights of IPAC 'new modality' activities outside of meetings (since last meeting October 2015)

Technical Guidance

- Draft EPI Review Guidance
- Draft Guidelines for Sustaining MNTE
- Introduction of maternal flu vaccination
- Trivalent OPV to bivalent OPV switch
- Field Guide for Measles-Rubella (MR) SIAs
- Other MR implementation
- tOPV disposal
- Yellow Fever Fractional dose
- IPV Shortage Information Document for Health Workers
- How to handle vaccine stock-outs
- Statement on use of vaccines OCC and CTC
- Delivery Technology WG outputs
- Contributions to other groups (including GACVS, PDVAC, WGs)

Committee Operations

- Recruitment of 4 new members
- Establishment of Delivery Technology (DT) WG
- Consolidation of some VPPAG roles into IPAC (others to EMP)
- Establishment of Controlled Temperature Chain (CTC) WG
- Establishment of Task Team on Immunization Managers
- 2x TechNet Training sessions
- Finalization of IPAC Operational Strategy 2016-2018
- August and December 2016 TCs
- Update at Sep2016 PDVAC
- 6 x Quarterly Bulletins (online)

IPAC February 2017 Meeting – Agenda Highlights

(Meeting report available on IPAC page of IVB website)

I. Immunization Supply Chain & Logistics

- Update on progress since 2013 'call to action'
- Update on Cold Chain Equipment Optimisation Platform
- Development of a Data Reference Manual

II. Global Supply, Shortages and Implementation Solutions

- Global vaccine shortages, use of fractional doses, home-based records shortages

III. Immunization in the Second Year of Life (2YL)

- Update on case studies and UNICEF 2YL costing tool
- Discussion and endorsement of WHO 2YL Guidance

IV. Controlled Temperature Chain (CTC)

- Update from CTC Working Group
- Discussion and endorsement of priority vaccines and other WG outcomes

V. Delivery Technology (DT)

- Review of measles/rubella (MR) micro-array patch (MAP) development
- Other DT WG progress, Vaccine Technology Impact Assessment (VTIA) economic modelling tool

VI. Immunization Advisory Committee updates

IPAC 2017 Meeting

KEY OUTCOMES: (1) DATA REFERENCE MANUAL

Problem:

Challenges of programme monitoring and data quality, in an era of increasing programme complexity.

Solution under review:

Immunization Programme data reference manual (currently in draft format).

Purpose:

Clarify best practices, strengthen methodologies, provide minimal functional standards.

Status: Concept approved, with feedback ongoing, such as:

- adaptation to new platforms, such as second-year of life,
- need for more streamlined indicators, some only via periodic assessments,
- consideration of new technologies,
- better triangulation of data collected for quality improvement,
- the integration of the Logistics Management Information System (LMIS) with the Health Management Information System (HMIS),
- building and sustaining the culture of better data quality.

IPAC 2017 Meeting

KEY OUTCOMES: (2) 2YL PLATFORM

Problem:

Need to extend routine immunization into the second year of life, including response to SAGE recommendation on 2nd dose of measles-containing vaccine.

Solutions under review:

Development of a guidance document on establishing and strengthening the 2YL platform, building on findings from 2YL case studies (Zambia, Senegal, Ghana, Malawi)

Purpose:

Guidance on 2YL platforms, addressing challenges such as behaviour change in health workers and caregivers, implementing catch-up vaccination.

Status:

Good progress acknowledged with finalisation imminent. Feedback included:

- Situate 2YL in a broader age life-course context (eg from 12 months and up),
- Highlight measles second-dose as the ‘anchor’ among various priorities,
- Strong linkage to other preventive care beyond vaccination,
- Allow for multiple visits in 2nd year, and
- Ensure implementation advice is well incorporated.

IPAC 2017 Meeting

KEY OUTCOMES: (3) Controlled Temperature Chain

Problem:

Need to increase, and prioritise, products licensed for use in a Controlled Temperature Chain (CTC), to improve communications, and to improve country-level uptake.

Solutions currently under review:

Identification of 4 priority vaccines: HPV, OCV, TT/TD, and HepB birth dose; Development of a roadmap, improved partner engagement, and other WG outputs.

Purpose:

Focus efforts where potential is highest, clarify needs for progress toward GVAP goals for thermostable vaccines, characterise CTC role in improving equitable coverage.

Status:

Four priority vaccines endorsed, progress commended, road-map to be brought back to IPAC mid-year. Feedback included:

- Importance of improved communications, with increased engagement from Gavi for boosting incentives to industry,
- Leverage opportunities for varied implementation evidence across the 4 vaccines,
- Generate evidence on economic and logistical benefits,
- Maintain current CTC definition for a period to allow work-stream to focus.

IPAC 2017 Meeting

KEY OUTCOMES: (4) Delivery Technology

Problem:

Need for technological innovation and stakeholder collaboration to develop tools and products of immunization delivery, focused on improving equitable access for the “last mile”.

Solutions currently under review:

Delivery Technology (DT) Working Group (co-chaired by WHO and PATH) actions to

- Develop a target product profile (TPP) for measles-rubella microarray patch (MAP),
- Enable broad participation across public and private stakeholders,
- Map and review the variety of new delivery technologies (eg jet injectors, blow-fill-seal technologies, integrated reconstitution and administration devices),
- Provide feedback to manufacturers, developers, and immunization partners through TPPs, a vaccine technology prioritization framework, PATH’s VTIA tool, and other means, including the GVAP Platform Delivery Technology report.

Purpose:

Maximize the impact of immunization products for public sector use, including stand-alone delivery technologies, novel primary containers, combination vaccine/device products and other alternative delivery technologies.

Status:

MR MAP TPP endorsed (with some conditions). General feedback included managing the broad scope, ensuring important beneficial links to PDVAC, solicitation of end-user needs, more holistic (‘total system’) assessments, and clearer timescales for the WG’s different technology areas in terms of program availability and use.

Continuing priorities for IPAC in 2017 and 2018

1. Innovations for equitable immunization coverage

- CTC
- Delivery Technologies
incl. programmatic aspects & health worker training
- Total Systems Effectiveness
- Needles/Syringe practices

2. Immunization Service Delivery and Programme Management

- Integrated health services and integrated programme management
- Second+ Year of Life
- Missed Opportunities for vaccination
- Vaccine Shortages
- Strengthening Community Engagement/Demand
- Implementation (framework for vaccine policy recommendations)
- Equity & Coverage

IPAC HISTORY and REVISION of TERMS OF REFERENCE (TORs)

- 2010: IPAC Established
replacing TLAC: Technologies & Logistics Adv. Committee
- 2013: IPAC TOR reviewed and updated (available on IVB website)
- 2014: New 3yr BMGF grant and introduction of a new modality
- 2015: IPAC Evaluation conducted by independent consultancy
- Assessed: Mandate, Structure, Evolution, Fitness for purpose, and Future directions
 - Outcome: Seven recommendations, establishing a framework for a new Operational Strategy (including a forward agenda)
- 2016: *IPAC Operational Strategy 2016-2018* developed and approved (available on IVB website)
- 2017: IPAC TORs revised (available in SAGE Yellow Book)
- Aiming to ensure alignment with SAGE governance practice and other IVB advisory committees

New TORs for IPAC

- ✓ On request of IVB leadership
- ✓ Consultation and revision conducted by external consultant (former IVB staff: Carsten Mantel) between January and March 2017
- ✓ Thorough consultative process across internal and external stakeholders
- ✓ Final decision on content made by IVB Director
- Key changes from previous TORs:
 - i. Move to **annual face-to-face meetings** and **strengthen systems between meetings**.
 - ii. Number of Committee members will be **reduced from 15 to 11**.
 - iii. Change to **remove observer seats** on the Committee. Observing institutions will be invited routinely to annual meetings.
 - iv. Role of the **Committee Chair will not be renewable**.
 - v. The Committee's general mandate remains unchanged, but the **new core areas** are now characterised as:
 - 1) **Innovations for equitable immunization coverage**
 - 2) **Immunization Service Delivery and Programme Management**